MAXIMUS Federal Services

Case Number:	CM15-0097524		
Date Assigned:	05/28/2015	Date of Injury:	12/06/2004
Decision Date:	08/17/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/20/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Texas, Florida
Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 57 year old male, who sustained an industrial injury on 12/6/04. He has reported initial complaints of left hip and hamstring injury. The diagnoses have included left partial hamstring strain and left proximal hamstring tear. Treatment to date has included medications, activity modifications, off work, home exercise program (HEP) and other modalities. Currently, as per the physician progress note dated 4/28/15, the injured worker complains of pain in the left proximal hamstring, pain with sitting and pain with any hamstring exercise. The physical exam reveals tenderness to palpation over the ischial tuberosity. The physician requested treatment included Platelet rich plasma injection under ultrasound guide to proximal hamstring as he thought of might be beneficial for the injured worker if he can avoid surgery.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Platelet rich plasma injection under ultrasound guide to proximal hamstring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Leg and Knee Chapters, Platelet-rich plasma (PRP) and Other Medical Treatment Guidelines Sports Health. 2012 Mar; 4 (2): 107, 114; Br Med Bull. 2010; 95: 63-77; www.guideline.gov.

Decision rationale: Regarding the request for Platelet rich plasma injection under ultrasound guide to proximal hamstring, California MTUS does not address the issue. ODG cites that PRP is not currently recommended for the leg and knee issues, however does not specifically address the injection to the hamstring. National guideline clearinghouse also does not recommend PRP for leg and knee issues. research states "A recent review concluded that there was strong evidence that autologous blood injections do not decrease pain or improve function when compared with other therapies. There was only limited evidence that platelet-rich plasma injections are beneficial for the treatment of tendinopathy. These studies did not evaluate proximal hamstring tendinopathy." In light of the above issues, the currently requested Platelet rich plasma injection under ultrasound guide to proximal hamstring is not medically necessary.